

# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.



TOTAL AMOUNT OF PAYMENT (\$590.00)

Completeness Known

Application Number 09/694,519

Confirmation Number 9641

Filing Date 10/23/2000

First Named Inventor Robert J. Isfort

Examiner Name Teresa E. Strzelecka

Group/Art Unit 1637

Attorney Docket No. 8311

TECH CEE TEF 16/09/2003

SEP 02 2003

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**METHOD OF PAYMENT (check one)**

- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter &amp; Gamble Company

- Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

**FEE CALCULATION****1. BASIC FILING FEE – Large Entity**

Code	(\$)	Fee Description	Fee Paid
1001	750	Utility filing fee	<input type="checkbox"/>
1002	330	Design filing fee	<input type="checkbox"/>
1004	750	Reissue filing fee	<input type="checkbox"/>
1005	160	Provisional filing fee	<input type="checkbox"/>

SUBTOTAL (1) (\$0)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE – Large Entity**

	Extra Claims	Fee from Below	Fee Paid
Total Claims	<input type="checkbox"/> - 20** =	<input type="checkbox"/> x	<input type="checkbox"/> = <input type="checkbox"/>
Independent Claims	<input type="checkbox"/> - 3** =	<input type="checkbox"/> x	<input type="checkbox"/> = <input type="checkbox"/>
Multiple Dependent		<input type="checkbox"/> = <input type="checkbox"/>	

\*\* or number previously paid, if greater; For Reissues, see below

Code	(\$)	Fee Description
1202	18	Claims in excess of 20
1201	84	Independent claims in excess of 3
1203	280	Multiple dependent claim, if not paid
1204	84	**Reissue independent claims over original patent
1205	18	**Reissue claims in excess of 20 & over original patent

SUBTOTAL (2) (\$0)

**3. ADDITIONAL FEES**

Code	(\$)	Fee Description	Fee Paid
1051	130	Surcharge-late filing fee or oath	<input type="checkbox"/>
1052	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
1053	130	Non-English specification	<input type="checkbox"/>
1812	2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>
1804	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
1805	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
1251	110	Extension for reply within 1 <sup>st</sup> month	<input type="checkbox"/>
1252	410	Extension for reply within 2 <sup>nd</sup> month	<input checked="" type="checkbox"/>
1253	930	Extension for reply within 3 <sup>rd</sup> month	<input type="checkbox"/>
1254	1,450	Extension for reply within 4 <sup>th</sup> month	<input type="checkbox"/>
1255	1,970	Extension for reply within 5 <sup>th</sup> month	<input type="checkbox"/>
1401	320	Notice of Appeal	<input type="checkbox"/>
1402	320	Filing a brief in support of an appeal	<input type="checkbox"/>
1403	280	Request for oral hearing	<input type="checkbox"/>
1451	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
1452	110	Petition to revive - unavoidable	<input type="checkbox"/>
1453	1,300	Petition to revive - unintentional	<input type="checkbox"/>
1501	1,300	Utility issue fee (or reissue)	<input type="checkbox"/>
1502	470	Design issue fee	<input type="checkbox"/>
1460	130	Petitions to the Commissioner	<input type="checkbox"/>
1807	50	Petitions related to provisional applications (37 C.F.R. 1.17(q))	<input type="checkbox"/>
1806	180	Submission of Information Disclosure Statement	<input checked="" type="checkbox"/>
1809	750	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
1810	750	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>
1801	750	Request for Continued Examination (RCE)	<input type="checkbox"/>
1802	900	Request for expedited examination of a design application	<input type="checkbox"/>
1454	1300	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>
Other fee (specify) _____			<input type="checkbox"/>
Other fee (specify) _____			<input type="checkbox"/>

\* Reduced by Basic Filing Fee Paid

SUBTOTAL(3) (\$ [590.00])

Complete (if applicable)

Name (Print/Type)	Naishadh N. Desai	Registration No.	50,630	Telephone	(513) 622-0087
Signature				Date	August 25, 2003

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